## CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 4/5//7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
	PAW Commettee	,	
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda? ( For proposal	
Name: Joseph Mor	eno	( ) Against proposal ( ) General comments	
Business or Organization Affiliati	on: <u>consumed</u> others		
Address: 3054 Walnu	4 St. Hunkington Park	CA 90255 State Zip	
Business phone: (323) 854-	7900 Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phone #:	
Client Address:		7	
Street	City	State Zip	
	CITY OF LOS ANGELES SPEAKER	R CARD	
YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OF OT REQUIRED TO PROVIDE PERSONAL INFORMATION THE EXTENT NECESSARY FOR THE PRESIDING OFFI	ON IN ORDER TO SPEAK.	
Date 4-5-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	PAW Committee		
. Work to speak before the	Name of City Agency, Department, Committee o	r Council	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? (X) For proposal	
Name: Leigh	O'Bryan	( ) Against proposal General comments	
Business or Organization Affilia	tion: The HSUS		
Address: 80/3	W. Third St. #303 L	A., CA 90048	
Business phone. 3 3 Street 93 -	7-0600 Representing: The HS	State Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:	
Client Address:			
Street	City	State Zip	
Please see reverse of card	for important information and submit this entire card	to the presiding officer or chairperson.	

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EXCEPTION	TIL EXTENT NECESSA	RY FOR THE PRESIDING OF	FICER TO CALL UPO	Ņ YOU		
Date 9/5/17		Council File No., Agenda Item, or Case No.  Council File No., Agenda Item, or Case No.  Council File No., Agenda Item, or Case No.  Council File No., Agenda Item, or Case No.				
I wish to speak before the	Name of City Agenc	ounse ( cy, Department, Committee		/		
Do you wish to provide general Name: _R: _kard	oublic comment, or to	speak for or against a prop	osal on the agenda?	( ) For proposal Against proposal General comments		
Business or Organization Affiliati	on: BOB Due	IN'S Avimal	Services			
Name: Richard  Business or Organization Affiliati  Address: 1600/ YARN  Street	ell st	Sylmar	CA State	9/342 Zip		
Business phone: 818.896-1	9394 Represent	ting:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AI	ND PROVIDE CLIENT INI	FORMATION BELOV	w:		
Client Name:			Ph	one #:		
Street		City	State	Zip		
Please see reverse of card f	<u>or important informatio</u>	n and submit this entire ca	rd to the presiding of	ficer or chairperson.		
YOU ARE NO	S IS A PUBLIC DOCUME OT REQUIRED TO PROV HE EXTENT NECESSA	ANGELES SPEAKE ENT SUBJECT TO POSTING VIDE PERSONAL INFORMAT RY FOR THE PRESIDING OF	ON THE CITY'S WEBS	DEAK \ '/		
4 5 11	DECORUM V	VILL BE ENFORCED.	16 -13	57		
I wish to speak before the Personnel and Anna Workfare Com, Hez  Name of City Agency, Department, Committee or Council						
Do you wish to provide general posterior Michael Business or Organization Affiliati	on:	speak for or against a prop	osal on the agenda?	( ) Against proposal ( ) General comments		
Address: 3668 Ho	one Rd	Fillmore	CA	93018		
Street  Business phone:	Represent	City	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:						
Client Address.			Chata			

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.